Board of Examination of the Dental Council of Mauritius

Application Form for appearing in the Dental Registration Examination to be held on 10 July 2024

(Under Section 22 (1) (g) of the Dental Council Act)
(Note: All entries should be made in block letters and in applicant's own handwriting)

Photograph of Applicant

SURNAME		• • • • • •		• • • • • •	• • • • • •	• • • • • • •		•••••	• • • • •				
NAME(S)													
DATE OF BIRTH									• • • • • •				
NATIONALITY													
NATIONAL IDENTITY CARD NO													
NATIONAL IDENTITI CARD NO													
RESIDENTIAL ADDRESS						• • • • • • • • • • • • • • • • • • • •							
TELEPHONE NO													
EMAIL ADDRESS			• • • • • •				• • • • • •			•••••			 ••••
DATE OF ENTRANCE AT DENTAL S	SCHOOL	٠٠٠٠.											
DATE WHEN APPLICANT PASSED I	ZINIAI I	X A N	/C										
DATE WHEN APPLICANT PASSED I	FINAL E	XAIV	15			• • • • • •			• • • • • •	• • • • • •	• • • • • •	• • • • • •	 •••
NAME OF DEGREE/DIPLOMA IN DE	ENTISTI	RY											
NAME OF MEDICAL INSTITUTION .	AWARΓ	ING	THE	DEC	REE	/DIPI	OM A	λ.					
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DECLARATION BY APPLICANT:

[,	agedyears								
resi	iding at (Residential Address)having passed my "Diploma								
in I	Dental Surgery" (equivalent to a BDS) examination from (name of Medical Institution)								
situ	nated in (name of country)do declare and certify								
that	t:								
1.	I am a citizen of Mauritius or I am a non citizen holding a work permit or exempted from holding work permit under the Non Citizens (Employment Restriction) Act or hold an occupational permit under section 9A of the Immigration Act.								
2.	I am aware that my taking part/success in Dental Registration Examination does not confer any right whatsoever for registration with Dental Council of Mauritius								
3.	I have read the information bulletin for DRE scheduled for Wednesday 10 July 2024 and hereby certified that I am eligible to appear in the said exam.								
4.	I have not submitted any incorrect or false information to the Dental Council of Mauritius for this purpose and I am aware that I shall be liable for action in the event of submission of any incorrect or false information.								
5.	I certify that I have filled the application form for the Dental Registration Examination to be held on 10 July 2024, in my own handwriting.								
	Name of Applicant (in block letters)								
	Signature of Applicant								
	DATE								